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万量 #			Attomev	Docket No.	8141		Total Pages	51
ŭ. 20	UTILITY					ventor or App	lication Identifier	
PATENT APPLICATION			MATTHEW JOSEPH DOYLE					
TRANSMITTAL					<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(Only for new nonprovisional applications under 37 CFR 1.53(b)			Express	Express Mail Label No. EJ302200025US			16829 100	
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application con			Assistant Commissioner for Patents ntents. ADDRESS TO: Box Patent Application Washington, D.C. 20231					
1. [+] Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. [+] Specification Total Pages [49] (preferred arrangement set forth below) - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix			6. [] Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. [] Computer Readable copy b. [] Paper Copy (identical to computer copy) c. [] Statement verifying identity of above copies				Submission copy) ove copies	
C 1	ckground of the Invention			ACCOMPANYING APPLICATION PARTS				
- Brief summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure - Description - Claim(s) - Abstract of the Disclosure - Description - Descripti			ted)	 [] Assignment Papers (cover sheet & document(s)) [] 37 CFR 3.73(b) Statement [] Power of Attorney (when there is an assignee) [] English Translation Document (if applicable) [] Information Disclosure [] Copies of IDS Statement (IDS)/PTO-1449 Citations [] Preliminary Amendment [] Feturn Receipt Postcard (MPEP 503) (Should be specifically itemized) [] Small Entity [] Statement filed in prior application Statement(s) Status still proper and desired [] Certified Copy of Priority Document(s) (if foreign priority is claimed) [] Other: 				
copy cons acco refere	ntire disclosure of the prior applic of the oath or declaration is supp idered as being part of the disclos manying application and is herel ence therein.	lied under Box 4l sure of the by incorporated b	b, is by					
17. If a CON	NTINUING APPLICATION, uation [] Divisional []	Continuation-in			ly the red or applica		rmation:	
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[] Customer Number or Bar Code Label (Insert Custome here)			ner No. o	r Attach bar	code lab	1	w correspondence	e address below
NAME]	Emelyn L. Hiland							
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FEE TRANSMITTAL FORM

CLAIMS	(1) FOR	(2) NUMBER FILED (3) NUMBER EXTRA		(4) RATE	(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 1.16 (c))	7-20	0	x \$=	\$	
	INDEPENDENT CLAIMS (37 CFR 1.16 (c))	1-3	1-3 0		\$	
	MULTIPLE DEPENDENT	CLAIMS (if applicable) (3	7 CFR 1.16(d))	+ \$270.00 =	\$	
				BASIC FEE (37 CFR 1.16(a))		
			Total	f above Calculations -=	\$ 690.00	
	Reduction by	50% for filing by small en	ntity (Note 37 CFR 1.9, 1.			
	TOTAL					

- 19. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is enclosed.
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NAME	Emelyn L. Hiland	
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